File: with F-215

APPENDIX "A"  VOLUNTEER AND RURAL FIRE ASSISTANCE GRANT PROGRAM  DEPARTMENT:				
CONTACT Name, Phone, email:				
AINING Description:				
COURSE TITLE	# TRAINEES	# OF HO PER TRA	URS AINEE TOTAL \$\$	
OUIPMENT Description:				
<u>ITEM</u>		ESTIMATED COST		
		. \$ _		
		_		
		\$ <u>_</u> \$ <u>_</u>		
		· -		
REVENTION Description:				
REVENTION Description: ITEM			ESTIMATED COST	
			ESTIMATED COST	

<u>ITEM</u>	ESTIM	ATED COST
	\$	
	\$	
	\$	
Volunteer labor that does not result in a billing to you.)		
Number of Hours	Cost at \$7.50/hour \$	
Number of Hours	Cost at \$7.50/hour \$	
Number of Hours	Cost at \$7.50/hour \$	
Number of Hours	Cost at \$7.50/hour \$	
Number of Hours	Cost at \$7.50/hour \$	
Number of Hours	Cost at \$7.50/hour \$	
Number of Hours	Cost at \$7.50/hour \$	
Number of Hours		
Number of Hours  OTAL ESTIMATED PROJECT:	Cost at \$7.50/hour \$	

(Expand on additional sheets, if necessary)